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PLACE OF BIRTH	ARIZON	A STAT	TE BOARD	OF HEA	LTH
County of July County	BUREAU +	OF VITAL ST	ATISTICS	State Index	No
District of Substitution	ORIGINAL C	ERTIFICAT	E OF BIRTH	Co. Register	No.330
Town of Opper Hi				ocai Registrar's	•
City of	(No	*******************	St;	·	Ward)
FULL NAME OF CHILD If child is not named, make S			rom local registrar	Born	YES
I Maria		nhor	Date of		
Tripl			Birth	ct. 7 Month) (Day)	1914 (Yr.)
Full FATHER Full MOTHER '					
Name Joseph Lynn !	Maiden Name F	lorence Vau	ghan		
Residence					
Color Copper Hill, Ariz. Copper Hill, Ariz. Color Age at last Color Age at last Color Color Age at last Color Col					
or Race White	Birthday 38 (Years)	or Race	White	Age at last Birthday 2	(Years)
Birthplace	Birthplace			(Tears)	
Clearfiel	Pueblo, Colo.				
Occupation	Occupation				
Hoist.Eng	Housewife				
Number of child of this mother	Number of children, of this mother, now livit	1 v	Vere precautions taken against	Ophthalmia neonatorum?	<u>y⊛8</u>
CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE* A.M.					
I hereby certify that I attended	the birth of above child; an	d that it occur	red on Och 7	1914, at	12.40m.
When there is no attend cian or midwife, then the he should make this return.	ing physi-) ouseholder	(Signature)	Attending physic	CCCs lan, midwife, how	seholder.)
Given or christian name added from a					
supplemental report	191 Filed Ock		ress	Frax	
121-1007-6 COUNTY REGIS	Filed VV U	5191.4. A Tr	rue Copy B &	LOCAL REGIS	******
COUNTY REGISTRAR. COUNTY REGISTRAR.					

the number of each, in order of birth stated. This certificate must be nied by the attending Physician or Midwife with each local Registrar within 5 days after birth.